



**Montgomery County Department of Health and Human Services
Licensure and Regulatory Services**

255 Rockville Pike, Suite 100; Rockville, Maryland 20850

Phone: 240-777-3986 Fax: 240-777-3088

www.montgomerycountymd.gov/licensure

EATING AND DRINKING ESTABLISHMENT / FOOD SERVICE FACILITY LICENSE APPLICATION

NOTE: LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON

New ☐ Renewal ☐ Change of Owner ☐ Name Change ☐

TODAY'S DATE: _____

Number of Seats or Square Footage (if no seats): _____ Mail license to: Facility ☐ or Owner ☐

Name of Facility: _____ Telephone No. (with area code): _____

Address of Facility: _____
(include street number, suite number, street name, city, state, and zip code)

Fax No: _____ Email: _____ Does the Facility Provide Catering? Yes ☐ No ☐

Owner/Corporation Name: _____ Telephone No. (with area code): _____

Address of Owner/Corporation: _____
(include street number, suite number, street name, city, state, and zip code)

Federal Tax Identification No.: _____ Former Name of Facility (if applicable): _____

Working Hours and Days Open for Business: _____

Water Supply: Public ☐ On-Site/Well ☐ **Sewage:** Public ☐ On-Site/Septic System ☐

(NOTE: Allow 30 days for well water testing and septic inspection. Contact DPS/Well & Septic Section at 240-777-6160)

WSSC ☐ or City of Rockville / Poolesville ☐ Account Number: _____

Workers' Compensation Insurance Company Name: _____ **Policy/Binder No.:** _____

Check here ☐ if this facility is operated by a sole proprietor with no employees, or by members of a partnership or LLC, and a Certificate of Compliance has been obtained.

If you do not have Worker's Compensation Insurance, you must submit a copy of the Certificate of Compliance issued by the Worker's Compensation Commission (410-864-5100 or 800-492-0479).

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Telephone Number: _____ (NOT the facility telephone number)

Fax Number: _____ Email: _____

Montgomery County Department of Health and Human Services must be notified when the emergency contact information changes.

I hereby certify that the above information is accurate and complete:

Signature of Owner or Agent: _____

Printed Name and Title of Above Signatory: _____

Payment Method: Cash is not accepted. **Checks or Money Orders** made payable to **Montgomery County, MD**

Check ☐ Money Order ☐ Visa ☐ MasterCard ☐ _____ CVV/CVC (3 digit security code)

Submit completed application and fee to DHHS/Licensure & Regulatory Services.

Credit Card payment: Fax to 240-777-4531 (confidential fax line)

Cardholder's Name: _____ Cardholder's Signature: _____

Credit Card No: _____ Exp. Date: _____

Amount: _____ I agree to pay the indicated total amount according to card issuer agreement.

OFFICE USE ONLY: Receipt No: _____ Amount Paid: _____ Date Issued: _____

Check No: _____ Expires: _____ Staff Initials: _____

FEE SCHEDULE

<u>Type of License</u>	<u>Fee</u>
(A) Itinerant, Carryout, Restaurant with 25 seats or less, or a Market with 3000 sq. ft. or less of floor area:	\$365.00
(B) Restaurant with 26 to 75 seats or a Market with 3001 sq. ft. to 10,000 sq. ft. of floor area:	\$405.00
(C) Restaurant with 76 or more seats or a Market with more than 10,000 sq. ft. of floor area:	\$440.00
(D) Non-Profit Charitable Organization:	\$100.00
(E) Facilities other than Non-Profit Charitable Organizations that are also licensed as Hospitals, Care Homes, or Private Schools:	\$115.00
(F) Mobile Facilities, Event Series, or Seasonal or Pool Snack Bars operating for more than 14 days but less than 90 days with operating dates printed on the license:	\$175.00
(G) Commercially Prepackaged, Non-Hazardous Food incidental to a non-food business:	\$130.00